



<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<i>Attorney Docket No.</i> DEP5086 <i>First Inventor</i> Michael C. Jones <i>Title</i> Radial Impaction Bone Tamp and Associated Method <i>Express Mail Label No.</i> EU813686068US
<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(submit an original and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification [Total Pages 30 including cover page] <small>(Preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive Title of the Invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (<i>if filed</i>)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets 18] 5. Oath or Declaration [Total Pages 3]		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
		a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> c. <input type="checkbox"/> Statement verifying identity of above copies
<b>ACCOMPANYING APPLICATION PARTS</b>		
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> ) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other		
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 18. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: , filed Prior application information: Examiner Group Art Unit:		
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.		
19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input type="checkbox"/> Correspondence Address below Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA		
20. TELEPHONE CONTACT Please direct all telephone calls or telefaxes to John Wagley at: Telephone: (574)372-7332 Fax: (574) 372-7596		
21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
NAME	John S. Wagley	Reg. No. 36,043
SIGNATURE		
DATE	September 26, 2003	

**FEE TRANSMITTAL**

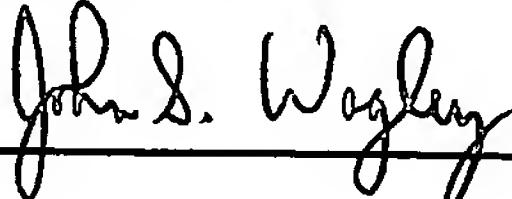
Complete if Known	
Application Number	
Filing Date	
First Named Inventor	Michael C. Jones
Group Art Unit	
Examiner Name	
Attorney Docket Number	DEP 5086

**FEE CALCULATION****CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	19 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	3 - 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$ 750.00

**METHOD OF PAYMENT**

- Please charge Deposit Account No. 10-0750/DEP5086/JSW in the amount of \$750.00.  
Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/DEP5086/JSW. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		Complete (if applicable)
Typed or Printed Name	John S. Wagley	Reg. No. 36,043
Signature		Date: September 26, 2003 <b>Deposit Account No. 10-0750</b>

IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

Applicant: Jones, Michael C.

For : Radial Impaction Bone Tamp and Associated Method

Express Mail Certificate

"Express Mail" mailing number: EU813686068US

Date of Deposit: September 26, 2003

I hereby certify that this complete application, including specification pages, claims, and drawings, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

A Combined Declaration and Power of Attorney will be submitted to the United States Patent and Trademark Office upon receipt of the U.S. Serial Number for this patent application.

Karen Portz  
(Typed or printed name of person mailing paper or fee)

*Karen Portz*  
(Signature of person mailing paper or fee)